

# Work Order ID 134845

\*134845\*

Page 1

July 22, 2015 10:19:05 AM

Item ID: D169-841-013 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: AW169 Upper Cutter Deflector  
 Start Date: 7/22/2015 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 7/31/2015 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: JA Date: 15-7-22 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                                  | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|-----------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                       |                      |         |        |              |               |               |                  |                   |
| IIN-D169-841                   | D                                                         | JA                   |         |        |              |               |               |                  |                   |
| 100                            |                                                           | 0.00                 |         |        |              |               |               |                  | DAS<br>02<br>9-89 |
| *100*                          | DOCUMENT CONTROL                                          |                      |         |        |              |               |               |                  |                   |
| DC                             | Memo                                                      | 0.00                 |         |        |              |               |               |                  |                   |
| Doc.Control -USB or Paperwork  | Photocopy bluefile and create labels per PPP D169-841-013 | CHG002               |         |        |              |               |               |                  | JUL 29 2015       |
| 110                            | Pick Kit                                                  | 0.00                 |         |        |              |               |               |                  |                   |
| *110*                          |                                                           |                      |         |        |              |               |               |                  |                   |
| Packaging                      | Memo                                                      | 0.00                 |         |        |              |               |               |                  |                   |
| Packaging                      |                                                           |                      |         |        |              |               |               |                  |                   |
| 120                            | QC4- 100% Inspect kits for completeness                   | 0.00                 |         |        |              |               |               |                  | DAS<br>02<br>9-89 |
| *120*                          |                                                           |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                                      | 0.00                 |         |        |              |               |               |                  |                   |
| Quality Control                |                                                           |                      |         |        |              |               |               |                  |                   |

JUL 29 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |

# Work Order ID 134845

**\*134845\***

Page 2

July 22, 2015 10:19:05 AM

Item ID: D169-841-013 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: AW169 Upper Cutter Deflector  
 Start Date: 7/22/2015 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 7/31/2015 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp     |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|--------------------|
| 130                            | Packaging                                              | 0.00                 |         |        |              |               |               |                  |                    |
| <b>*130*</b>                   |                                                        |                      |         |        |              |               |               |                  | <b>DAS</b>         |
| Packaging                      | Memo                                                   | 0.00                 |         |        |              |               |               |                  | <b>02</b>          |
| Packaging                      | Identify and pack for shipping as per PPP D169-841-013 |                      |         |        |              |               |               |                  | <b>9-89</b>        |
|                                |                                                        |                      |         |        |              |               |               |                  | <b>JUL 29 2015</b> |
| 140                            | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |               |               |                  |                    |
| <b>*140*</b>                   |                                                        |                      |         |        |              |               |               |                  |                    |
| QC                             | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                    |
| Quality Control                |                                                        |                      |         |        |              |               |               |                  |                    |

*Pulled into  
w/o (13484)*

*15/1/3098*

*PS-7-29*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |

# Picklist Print

July 22, 2015 10:19:24 AM

Page 1

Work Order ID: 134845

**\*134845\***

Parent Item: D169-841-013

**\*D169-841-013\***

Parent Item Name: AW169 Upper Cutter Deflector

Start Date: 7/22/2015

Required Date: 7/31/2015

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A NEW ISSUE 13-07-17 JLM VERIFIED BY:DD IPP  
REV:B 13.10.18 IIN REV.B DD VERF:JLM IPP REV:C  
15.07.03 AS PER CHG002 ecn15-595 DD VERF:JLM

| Component Item ID/<br>Item Name                          | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status            |
|----------------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|--------------|---------------|----------------|-------------------|
| D4821-1<br><b>*D4821-1*</b><br>Windshield Deflector      |                        | Manufactured  | No          |                     |                  |                 | Each               | 2.0000          |             | 1            |               |                | DAS<br>27<br>9-89 |
|                                                          |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |                   |
|                                                          |                        |               |             | CCK056              |                  | 2               |                    |                 |             |              |               |                |                   |
|                                                          |                        |               |             | (114007)            |                  | 2               |                    |                 |             |              |               |                |                   |
| D4822-1<br><b>*D4822-1*</b><br>Upper Deflector, LH       |                        | Manufactured  | No          |                     |                  |                 | Each               | 1.0000          |             | 1            |               |                | DAS<br>27<br>9-89 |
|                                                          |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |                   |
|                                                          |                        |               |             | CCK056              |                  | 1               |                    |                 |             |              |               |                |                   |
|                                                          |                        |               |             | (114008)            |                  | 1               |                    |                 |             |              |               |                |                   |
| D4822-2<br><b>*D4822-2*</b><br>Upper Right Deflector     |                        | Manufactured  | No          |                     |                  |                 | Each               | 1.0000          |             | 1            |               |                |                   |
|                                                          |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |                   |
|                                                          |                        |               |             | CCK056              |                  | 1               |                    |                 |             |              |               |                |                   |
|                                                          |                        |               |             | (114009)            |                  | 1               |                    |                 |             |              |               |                |                   |
| D4840-041<br><b>*D4840-041*</b><br>Upper Cutter Assembly |                        | Manufactured  | No          |                     |                  |                 | Each               | 0.0000          |             | 1            |               |                | DAS<br>27<br>9-89 |
|                                                          |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |                   |
|                                                          |                        |               |             | CCK056              |                  | 1               |                    |                 |             |              |               |                |                   |
|                                                          |                        |               |             | (114009)            |                  | 1               |                    |                 |             |              |               |                |                   |

B34847

JUL 27 2015

# Picklist Print

July 22, 2015 10:19:25 AM

Page 2

Work Order ID: 134845

**\*134845\***

Parent Item: D169-841-013

**\*D169-841-013\***

Parent Item Name: AW169 Upper Cutter Deflector

Start Date: 7/22/2015

Required Date: 7/31/2015

Start Qty: 1.00

Required Qty: 1.00

D4857-041

Manufactured No

Each 4.0000

2

**\*D4857-041\***

Wiper Deflector Assembly

**DAS  
02  
9-89**

Location

Loc Qty

Loc Code

ST

4

B13484

134345

4

JA

2 DAS  
27

JUL 29 2015

2

MS27039-1-12

Purchased No

Each 54.0000

8

**\*MS27039-1-12\***

Screw

**DAS  
02  
9-89**

Location

Loc Qty

Loc Code

ST285

54

m128799

2

m131317

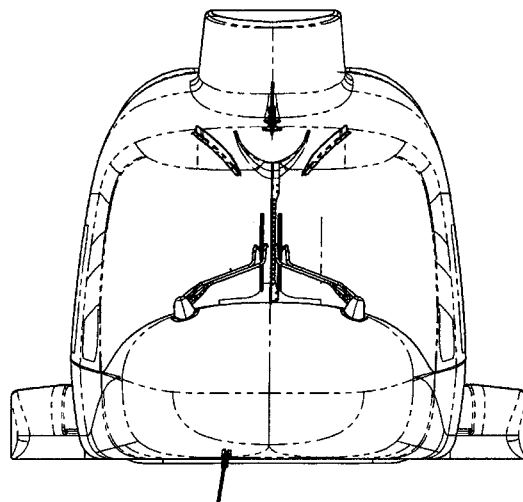
52

JA

JUL 22 2015

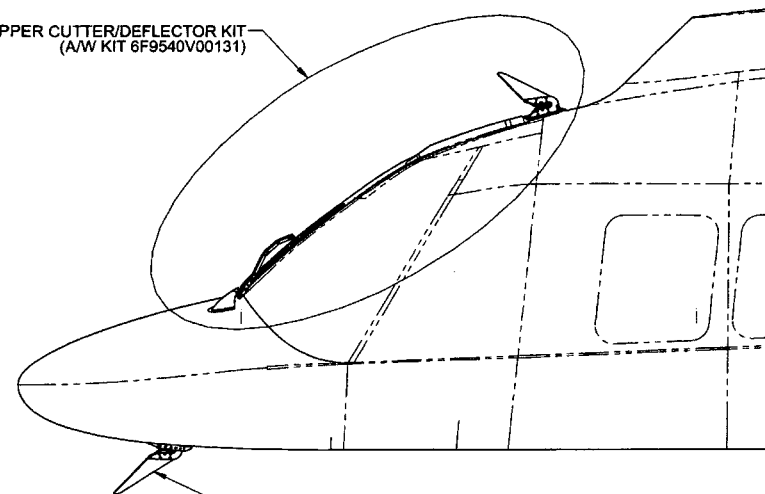
DAS  
27  
9-89

8



**D169-841-011 AW169 CABLE CUTTER SYSTEM**

D169-841-013 UPPER CUTTER/DEFLECTOR KIT  
(A/W KIT 6F9540V00131)



D169-841-015 LOWER CUTTER KIT  
(A/W KIT 6F9540V00231)

| QTY<br>-011 | QTY<br>-013 | QTY<br>-015 | DART<br>P/N   | DESCRIPTION                | AGUSTA WESTLAND P/N |
|-------------|-------------|-------------|---------------|----------------------------|---------------------|
| X           |             |             | D169-841-011  | CABLE CUTTER SYSTEM        | TBD                 |
| 1           | X           |             | D169-841-013  | UPPER CUTTER/DEFLECTOR KIT | 6F9540V00131        |
| 1           |             | X           | D169-841-015  | LOWER CUTTER KIT           | 6F9540V00231        |
|             | 1           |             | D4821-1       | WINDSHIELD DEFLECTOR       | TBD                 |
|             | 1           |             | D4822-1       | UPPER DEFLECTOR LH         | TBD                 |
|             | 1           |             | D4822-2       | UPPER DEFLECTOR RH         | TBD                 |
|             | 1           |             | D4840-041     | UPPER CUTTER ASSY          | TBD                 |
|             | 2           |             | D4857-041     | WIPER DEFLECTOR ASSY       | TBD                 |
|             | 8           |             | MS27039-1-12  | SCREW                      | N/A                 |
|             | TBD         |             | TBD           | FASTENERS                  | N/A                 |
|             |             | 1           | D4842-041     | LOWER CUTTER ASSY          | TBD                 |
|             |             | 5           | MS21042L08    | LOCKNUT                    | N/A                 |
|             |             | 5           | MS27039-0824  | SCREW                      | N/A                 |
|             |             | 10          | NAS1149FN832P | WASHER                     | N/A                 |

|            |                                                                                                   |                                                                                                                                                                                                                                                                |              |
|------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| D          | MS27039-0824 WAS MS27039-0819. REFORMAT PARTS LIST.                                               | AJS                                                                                                                                                                                                                                                            | 15.06.12     |
| C          | D4857-041 WAS D4857-1 (D4944-1 GASKETS NOW IN D4857 DRAWING). PARTS LIST: MS27039-1-12 QTY WAS 10 | AJS                                                                                                                                                                                                                                                            | 15.05.20     |
| B          | ADD D4944-1 GASKET (ZN A8-1) (ZN B6-2, B8-2) ADD MS27039-1-12 SCREW, D4857-1 WAS D4857-041-042    | DW                                                                                                                                                                                                                                                             | 13.09.23     |
| A          | NEW RELEASE                                                                                       | DB                                                                                                                                                                                                                                                             | 13.07.08     |
| REV.       | DESCRIPTION                                                                                       | BY                                                                                                                                                                                                                                                             | DATE         |
| DESIGN     | DB                                                                                                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                       |              |
| DRAWN      | AJS                                                                                               |                                                                                                                                                                                                                                                                |              |
| CHECKED    | CP                                                                                                | DRAWING NO.                                                                                                                                                                                                                                                    | REV. D       |
| MFG. APPR. | JLM                                                                                               | IIN-D169-841                                                                                                                                                                                                                                                   | SHEET 1 OF 2 |
| APPROVED   | WM                                                                                                | TITLE                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | DS                                                                                                | AW169 CABLE CUTTER SYSTEM                                                                                                                                                                                                                                      | NTS          |
| DATE       | 15.06.12                                                                                          | COPYRIGHT © 2013 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

APPROVED

Work Order ID 134845

\*134845\*

Page 1

July 22, 2015 10:19:05 AM

Item ID: D169-841-013 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: AW169 Upper Cutter Deflector  
 Start Date: 7/22/2015 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 7/31/2015 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: JA Date: 15-7-22 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start \*NR1\*  
 Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID    | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|------------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |            |        |              |               |               |                  |                |
| IIN-D169-841                   | D                        | JA                   | Label only |        |              |               |               |                  |                |

100 DOCUMENT CONTROL 0.00  
 \*100\* DC Memo 0.00  
 Doc.Control -USB or Paperwork Photocopy bluefile and create labels per PPP D169-841-013 CHG002  
 \_\_\_\_\_ MWS \_\_\_\_\_ JUL 22 2015

110 Pick Kit 0.00  
 \*110\* Packaging Memo 0.00  
 Packaging  
 ① JA \_\_\_\_\_ JUL 22 2015

120 QC4- 100% Inspect kits for completeness 0.00  
 \*120\* QC Memo 0.00  
 Quality Control